## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

Candidate Election Year: \_\_\_

### STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

### COVER PAGE

2010 MAR - 1 PM 5: 13

A Public Document

MAR -

Please type or print in ink. (FIRST) (MIDDLE) NAME (LAST) DAYTIME TELEPHONE NUMBER Τ. Christine Kehoe MAILING ADDRESS CITY ZIP CODE OPTIONAL: E-MAIL ADDRESS STREET (Business Address Acceptable) 1. Office, Agency, or Court 4. Schedule Summary Name of Office, Agency, or Court: ► Total number of pages including this cover page: .. California State Senate Division, Board, District, if applicable: ▶ Check applicable schedules or "No reportable interests." 39th District I have disclosed interests on one or more of the Your Position: attached schedules: Senator Schedule A-1 Yes - schedule attached ▶ If filing for multiple positions, list additional agency(ies)/ Investments (Less than 10% Ownership) position(s): (Attach a separate sheet if necessary.) Schedule A-2 Yes – schedule attached Agency: \_\_\_ Investments (10% or Greater Ownership) Schedule B Yes - schedule attached Position: \_\_\_ Real Property Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts 2. Jurisdiction of Office (Check at least one box) and Travel Payments) X State Schedule D Yes - schedule attached County of \_\_\_\_\_ Income - Gifts \_\_ City of \_\_\_\_\_ Schedule E X Yes - schedule attached Income - Travel Payments Multi-County \_\_\_\_\_ -or-Other \_\_\_\_\_ No reportable interests on any schedule 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: \_\_\_\_/\_\_\_ 5. Verification Annual: The period covered is January 1, 2009, I have used all reasonable diligence in preparing this through December 31, 2009. statement. I have reviewed this statement and to the best of -ormy knowledge the information contained herein and in any attached schedules is true and complete. O The period covered is \_\_\_\_/\_\_\_, through December 31, 2009. I certify under penalty of perjury under the laws of the State Leaving Office Date Left: \_\_\_\_/\_\_\_ of California that the foregoing is true and correct. (Check one) O The period covered is January 1, 2009, through the March 1, 2010 date of leaving office. Date Signed -O The period covered is \_\_\_\_\_\_, through Signatu the date of leaving office.

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



AMENDMENT

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	► NAME OF SOURCE
San Diego Regional Airport Authority	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 82776	
CITY AND STATE	CITY AND STATE
San Diego, CA 92138	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Airport Operator	
DATE(S):/ AMT: \$ 4,455.00	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION: Airport Parking Pass for Legislative Business	DESCRIPTION:
NAME OF SOURCE	Verification Chairman Kahan
ADDRESS (Business Address Acceptable)	Print Name Christine Kehoe
CITY AND STATE	Office, Agency or Court California State Senate
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
DATE(S):/ AMT: \$(If applicable)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
TYPE OF PAYMENT: (must check one) Gift Income	Date Signod March 1 2010
DESCRIPTION:	
	Signatui
Comments:	
	·

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

FEB 25 2010

AMENDAMENTI PH 5: 13

5: 13

A Public Document

Please type or print in ink.			
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Kehoe	Christine	T.	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1. Office, Agency, or Cour	t	4. Schedule Summ	ary
Name of Office, Agency, or Court:		► Total number of pages	
California State Senate		including this cover pa	age:
Division, Board, District, if applicabl	e:	► Check applicable sched	dules or "No reportable
39th District		interests."	
Your Position:		I have disclosed interest attached schedules:	ts on one or more of the
Senator	additional aronay(iaa)/	Schedule A-1  Yes -	- schedule attached
► If filing for multiple positions, list position(s): (Attach a separate	3 , ,	Investments (Less than 10% C	Ownership)
Agency:		Schedule A-2 Yes - Investments (10% or Greater C	
Position:		Schedule B Yes -	- schedule attached
2. Jurisdiction of Office (c	heck at least one box)		- schedule attached  Positions (Income Other than Gifts
State     ■ State		Schedule D Yes -	- schedule attached
County of		Income – Gifts	Soficable attached
City of		Schedule E X Yes -	- schedule attached
Multi-County		Income - Travel Payments	
Other		-0	or-
			· -
3. Type of Statement (Chec	k at least one box)	No reportable interest	ts on any schedule
Assuming Office/Initial Date	e:/	5. Verification	·
★ Annual: The period covered is through December 24, 2000.	January 1, 2009,		ole diligence in preparing this
through December 31, 2009.		statement. I have reviewed	this statement and to the best of
O The period covered is/_ December 31, 2009.	/, through	my knowledge the informat attached schedules is true	tion contained herein and in any and complete.
Leaving Office Date Left:	JJ	I certify under penalty of pe of California that the fore	erjury under the laws of the State going is true and correct.
(Check one)  O The period covered is January	v 1 2009 through the		
date of leaving office.	, 1, 2000, tillough the	Date Signed	2/24/10
-or-		- aco orginou	month day year):
O The period covered is/_ the date of leaving office.	, through	Signature	
Candidate Election Year:			

### SCHEDULE D Income - Gifts



NAME OF SOURCE	► NAME OF SOURCE
Various Healthcare/Life Sciences Entities	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare and Life Sciences	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03 / 24 / 09 \$ 132.27 Calif LifeSciences Day	\$
	\$
	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<b>\$</b>	\$
\$	\$
\$	\$
NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Print Name Christine Kehoe
ADDICESS (Dusiness Acceptable)	Office, Agency Calif State Senate
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have
\$	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
<b>\$</b>	Date Sign <u>ed</u> 2/24/10
	Signatur 1
	·

Comments: Sponsored by 14 entities, all of which paid less than \$50 per person for the event costs

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.

NAME OF SOURCE	► NAME OF SOURCE
IRIDIUM Concesiones de Infraestructuras, S.A.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Avda. Camino de Santiago, 50-280-50	
CITY AND STATE	CITY AND STATE
Madrid, Spain	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Infrastructure Development Company	
minustracture Development Company	
DATE(S): 10 / 05 / 09 - 10 / 05 / 09 AMT: \$ 99.50	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
► NAME OF SOURCE	Verification
	Christina Kahaa
ADDRESS (Business Address Acceptable)	Print Name Christine Kehoe
	Office, Agency
CITY AND STATE	Office, Agency Calif State Senate
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type
	I have used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
DATE(S):// AMT: \$	I certify under penalty of perjury under the laws of the State of
(1)	California that the foregoing is true and correct.
TYPE OF PAYMENT: (must check one)	2/24/10
	Date Signed
DESCRIPTION:	
	Signature
Comments:	

the date of leaving office.

Election Year: \_

Candidate

FEB - 9 2010

Date Received

Official Use Only

	IOFEBII PMAIPQ	Dic Document	FEB - 9 2010
Please type or print in ink.			
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Kehoe	Christine	Т,	
MAILING ADDRESS STREET (Business Address Accentable)	CITY	STATE ZIP CODE	OPTIONAL: E-MAIL ADDRESS
			<del></del> -
1. Office, Agency, or Cou	ırt	4. Schedule Summ	nary
Name of Office, Agency, or Court:		► Total number of page	
California State Senate		including this cover p	page:
Division, Board, District, if applicat	ole:	► Check applicable sche	edules or "No reportable
39th District		interests."	
Your Position:		I have disclosed interes attached schedules:	sts on one or more of the
Senator		Schedule A-1 X Yes	_ schedule attached
► If filing for multiple positions, lis position(s): (Attach a separate		Investments (Less than 10%	
position(s). (Attach a separate	s sheet if flecessary.)	Schedule A-2  Yes	<ul> <li>schedule attached</li> </ul>
Agency:		Investments (10% or Greater	Ownership)
Position:		Schedule B X Yes Real Property	- schedule attached
			- schedule attached
2. Jurisdiction of Office (	Check at least one box)	Income, Loans, & Busines and Travel Payments)	S Positions (Income Other than Gifts
<b>x</b> State		Schedule D X Yes	<ul><li>schedule attached</li></ul>
County of		Income – Gifts	- Sorrougio attabilica
☐ City of		Schedule E X Yes	<ul> <li>schedule attached</li> </ul>
Multi-County		Income – Gifts – Travel Pa	ayments
Other		-(	or-
2. Tune of Statement (a)		☐ No reportable interes	sts on any schedule
3. Type of Statement (Che	eck at least one box)		
Assuming Office/Initial Da	ate:/	5. Verification	
Annual: The period covered is through December 31, 2009.	January 1, 2009,	I have used all reasona	ble diligence in preparing this
-or-		i i	ed this statement and to the best nation contained herein and in any
O The period covered is December 31, 2009.	/, through	attached schedules is true	·
Leaving Office Date Left: (Check one)			erjury under the laws of the State egoing is true and correct.
O The period covered is Janua date of leaving office.	iry 1, 2009, through the	Date Signed	Feh 5 2010
-or-			
O The period covered is	/ / through		

Signature .\_

# SCHEDULE A-1 Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
Christine Kehoe			

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
General Electric	GENERAL RECORDITION OF DUCINESS ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
manufacturing  FAIR MARKET VALUE	FAID MADKET VALUE
\$2,000 - \$10,000 \( \overline{\text{X}} \) \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
ALLEGE OF ANY FORMAL	NATURE OF THE STATE OF
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Oncome of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	/
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership   Income of \$0 - \$500   Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule 6)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100.001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF MUSCINES	NATURE OF INVESTMENT
NATURE OF INVESTMENT	11
Stock Other	Stock Other
Stock Other (Describe)	(Describe)
Stock Other	(Describe)  Partnership O Income of \$0 - \$500
Stock Other (Describe)  Partnership O Income of \$0 - \$500	(Describe)  Partnership O Income of \$0 - \$500
Stock Other (Describe)  Partnership Oncome of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership

### **SCHEDULE B** Interests in Real Property (Including Rental Income)

	RNIA FORM al practices co	
Name		
C	hristina Kaho	<b>.</b> Θ

► STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
1814 K Street	
CITY	CITY
Sacramento, CA	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
rrs. remaining Other	rrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST DAY ANGE DUDING DEDGOTING DEGGO	CHONEST DAY AND E PUBLIC DESCRIPTION DESCRIPTION OF THE PUBLIC DESCRIP
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
S500 - \$1,000 S1,000 S10,000	S500 - \$1,000 S1,001 - \$10,000 S10,000 OVER \$100,000
S10,001 - \$100,000 UVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

### SCHEDULE D Income – Gifts



Name

Christine Kehoe

NAME OF SOURCE	► NAME OF SOURCE
Steinberg for Senate 2010	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1100 O Street, Suite 200, Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3 / 3 / 09 <sub>s</sub> 71.23 dinner	
12 _ 2 _ 09	
NAME OF SOURCE	► NAME OF SOURCE
California Correctional Peace Officers Assoc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1415 L Street, #410, Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
4 <u>22</u> 09 <u>\$ 150.19 dinner</u>	
\$	s
NAME OF SOURCE	► NAME OF SOURCE
Sempra Energy	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
101 Ash St., San Diego, CA 92101	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
utility	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 / 17 / 09	ss
	ss
	ss
Comments:	

#### SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
	Christine Kehoe	

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

► NAME OF SOURCE	► NAME OF SOURCE
Maeersk Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 880	
CITY AND STATE	CITY AND STATE
Madison, NJ 07940	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
shipping company	
DATE(S): 09 / 24 / 09 - 10 / 07 / 09 AMT: \$ 420.00	DATE(S):/ AMT: S(If applicable)
TYPE OF PAYMENT: (must check one) 🔀 Gift 📗 Income	TYPE OF PAYMENT: (must check one) [] Gift [] Income
DESCRIPTION: food/lodging/tours related to visit of A.P. Mooler-Maersk in Denmark	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
Project Interchange, Inst. American Jewish Comm.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
7770 Regents Rd.	
CITY AND STATE	CITY AND STATE
San Diego, CA 92122	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
educational seminars to Israel for civic leaders	
DATE(S): 08 / 02 / 09 - 08 / 10 / 09 AMT: \$ 4,560.71	DATE(S):/
TYPE OF PAYMENT: (must check one) 🛛 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: flight/food/lodging educational trip to Israel for legislative leaders	DESCRIPTION:
Comments:	